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CONFIRMATION NO. 7378

<b>SERIAL NUMBER</b> 10/717,914	<b>FILING OR 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 109-1 US
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## APPLICANTS

Eliana Soubhie, Ottawa, CANADA;

\*\* CONTINUING DATA \*\*\*\*\* PL (none)

\*\* FOREIGN APPLICATIONS \*\*\*\*\* PL (none)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/08/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2
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## ADDRESS

AIR MAIL

24949

## TITLE

Composition for the treatment of burns, sunburns, abrasions, ulcers and cutaneous irritation

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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